

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	09/940,340
	Filing Date	08-27-2001
	First Named Inventor	Gust Bardy
	Title	SUBCUTANEOUS ELECTRODE FOR TRANSTHORACIC CONDUCTION WITH LOW-PROFILE INSTALLATION APPENDAGE AND METHOD OF DOING SAME
	Art Unit	3762
	Examiner Name	SCHAETZLE, KENNEDY
	Attorney Docket Number	CAMP0007US1 (CH-0010)

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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OR

☒ Practitioner(s) named below:

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☐ Applicant/Inventor

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature	/Jay A. Warren/	Date	08/08/07
Name	Jay A. Warren	Telephone	(949) 498-5630
Title and Company	President and CEO, CAMERON HEALTH		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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